Report from WHOFIC Network Planning Committee, 2006

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Abstract

The mission of the World Health Organization Family of International Classifications (WHO-FIC) Network is to develop, disseminate, implement and update the WHO-FIC to support national and international health information systems, statistics and evidence. The Network is governed through the annual meeting of WHO-FIC collaborating centres with WHO headquarters and regional offices. Over the years, the WHO-FIC Network has established committees and reference groups to carry out its work. In 1997, a group consisting of the heads of centre responsible for the most recent annual meeting, the next annual meeting and the following annual meeting was established to plan the annual meeting of collaborating centres. This group evolved into a broader Planning Committee, comprising the chairs of committees and reference groups, as well as the Annual Meeting Planning Group. The Planning Committee conducts the business of the Network between annual meetings, monitors progress of the work program and plans the annual meeting. The Planning Committee also develops an annual Strategy and Workplan for the Network, which is presented to the full Network at the annual meeting. It further establishes and revises, as needed, procedures for the conduct of annual meetings of the Network. Since the 2005 WHO-FIC Network meeting in Tokyo, Japan, the Planning Committee has held monthly teleconferences to discuss follow-up items from the Tokyo meeting, to receive reports from the Annual Meeting Group and to consider other aspects of the WHO-FIC Strategy and Work Plan. A mid-year in-person meeting was held in Paris, France in May 2006 to pursue these topics in greater depth. Two papers on the WHO-FIC Network and on Conduct of Network meetings, respectively, have been revised and updated for discussion with the Centre Heads during the 2006 annual meeting in Tunis.
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Introduction

The WHO-FIC Network Planning Committee conducts the business of the Network between annual meetings, monitors progress of the work program and plans the annual meeting. The Planning Committee also develops an annual Strategy and Workplan for the Network, which is presented to the full Network at the annual meeting. It further establishes and revises, as needed, procedures for the conduct of annual meetings of the Network.

The Planning Committee (PC) has evolved from a small group of Heads of Collaborating Centres with responsibility for planning the annual Centre Heads meeting to a committee with broader representation and responsibilities. Currently, the PC is comprised of an elected Chair, the chairs of all Network committees and reference groups, as well as an Annual Meeting Planning Group. The latter includes those Heads of Centre responsible for the most recent annual meeting, the next annual meeting and the following annual meeting. In addition, WHO headquarters is a member of the Planning Committee and the Annual Meeting Group.

Following the 2005 WHO-FIC Network annual meeting, the Planning Committee began holding monthly teleconferences to discuss follow-up items from the 2005 meeting, to receive reports from the Annual Meeting Group and to consider other aspects of the WHO-FIC Strategy and Work Plan. As in past years, a mid-year in-person meeting also was hosted by the Centre responsible for the 2006 annual Network meeting to pursue these topics in greater depth. The mid-year meeting was held in Paris, France on April 27-28, 2006. The more frequent communication within the Planning Committee during the past year reflects the growth of Network areas of work and structure.

This paper provides a summary report of the Planning Committee’s activities and progress since the 2005 meeting in Tokyo, Japan. Included as attachments and for discussion by the Heads of WHO-FIC Collaborating Centres are revised papers developed by the PC on the conduct of Network meetings and the WHO-FIC Network, itself. These latter documents are intended to guide Network functioning and serve as educational resources on the Network. Minutes of the teleconferences and the mid-year meeting are available from WHO.

Follow-up to 2005 WHO-FIC Network Meeting

As follow-up to the 2005 WHO-FIC Network annual meeting held October 16-22 in Tokyo, Japan, the Planning Committee during its teleconferences and mid-year meeting:

- Received status reports on ICD-10 updates (e.g., Avian flu) and translation of updates
- Discussed next steps regarding the consensus statements approved in Tokyo on the SNOMED CT Standard Development Organization (SDO) and
the Washington Group on Disability Statistics

- Considered possible roles for WHO in the SNOMED CT SDO and received reports on discussions within the WHO Executive Board on this topic
- Monitored action items from the 2005 annual Network meeting
- Reviewed preliminary resource requirements, responsibilities and timetable for the ICD-10 revision process
- Received updates on the WHO-FIC Update Software Platform (now operational)
- Monitored the process for soliciting and resolving comments on the ICF-Children and Youth towards its finalization in 2006
- Reviewed and commented on terms of reference for the proposed new reference groups on Morbidity, Functioning and Disability and Terminology, respectively
- Received reports from WHO on the distribution of invitations to nominated members for the new reference groups
- Made recommendations on the revised structure for the Network (see attached papers)
- Reviewed and provided input to a brochure for the WHO-FIC Network (see annual report of Education Committee)

Planning of WHO-FIC Network Meetings

During the monthly teleconferences and the mid-year meeting in Paris, the Planning Committee:

- Consulted on organization of the mid-year PC meeting and developed the meeting agenda
- Received regular reports from the Annual Meeting Group on the 2006 WHO-FIC Network meeting to be held in Tunis, Tunisia from October 29-November 4
  - Discussed themes for the Tunis meeting, agreeing on a single theme of Challenging the Information Paradox
  - Commented on administrative arrangements, including the meeting logo
  - Recommended a schedule for issuing invitations and the call for abstracts and for receiving final papers and posters
  - Reviewed the proposed meeting agenda and make recommendations for modifications
  - Contributed to planning the plenary sessions for the Tunis meeting
  - Updated the paper on Conduct of WHO-FIC Network meetings, including information on accessibility
- Consulted on organization of meetings and conferences immediately prior to the annual meeting (i.e., meetings of the reference groups, a conference on disability data organized by the French Centre and a meeting of the Asia/Pacific Network organized by the Japan Centre)
- Considered options for holding a follow-up meeting to the Business
consultation on WHO classifications held in November 2004 and agreed to postpone this second consultation until 2007 (this was due to resource issues and the untimely and tragic death of the Director General)

**Governance issues**

The Planning Committee had a number of discussions during the year about governance issues for the Network. These discussions were inspired by the evolving and expanding nature of the Network’s structure, membership and scope. The establishment of three new reference groups, with responsibility for technical areas of classification work, has required further outreach to member states, non-governmental organizations (NGO) and other experts not previously involved in Network deliberations. Future planning for revision of ICD-10 and updating of ICF also served as an impetus.

There is full agreement within the Planning Committee that the Network needs to continue and accelerate its outreach to all WHO member states and other stakeholders with an interest in the WHO Family of International Classifications. This is the only way that the classifications will achieve worldwide acceptance and implementation. The PC further agrees that as these new representatives participate in Network meetings and deliberations, there should be an open process in which all views and issues are heard and factored into the recommendations offered to the Network and WHO. Finally, the PC favors a strong consensus process for arriving at recommendations within committees and reference groups and views “voting” as a way to gather information on the differing positions of the participants rather than as controlling. When voting does take place in committees and reference groups, PC members generally support the “ground rule” that each country (and NGO, if appropriate) has one vote, but this position is not universally held. Voting by country is in contrast to past practice, where voting typically has been by Collaborating Centre (for example, the Update and Revision Platform now provides voting by country, whereas previously voting in the Update and Revision Committee was by Collaborating Centre). Voting to approve all reports, resolutions and recommendations on the final morning of the annual meeting also has been by Collaborating Centre.

The debate regarding voting relates to the broader issue of the role of the WHO-FIC Collaborating Centres in this expanding Network. If the WHO-FIC Network is defined as “A functional collaborative structure of WHO Collaborating Centres, representatives of WHO Member States, Non-Governmental Organizations and Other health information related bodies and networks,” do the Collaborating Centres have a special role in this structure? These Centres have committed to a program of work on the Family of international classifications and to date have assumed the leadership roles on the WHO-FIC Network committees and reference groups. They also have provided most of the “person power” for the work. However, the Joint Collaboration between the WHO-FIC Education Committee and the International Federation of Health Records Organizations (IFHRO) has set a precedent for extending a co-leadership role for a "line of work" to an NGO, and these opportunities are likely to increase as country experts not affiliated with a

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1 Draft WHO slide presentation
Collaborating Centre and specialized organizations are recruited to address specific areas of the Network’s Strategy and Work Plan.

In general, the Planning Committee agrees that a lack of full clarity or consistency on governance issues at the committee and reference group level has not impeded the work of the Network, which continues to operate on a consensus basis and generally defers matters until agreement can be reached. Further, a good argument can be made for allowing some flexibility in the way each committee and reference group operates and achieves consensus to reflect the nature of the work and the composition of the membership. Nonetheless, some greater clarity and consistency on governance by the Network and at the working group level may be desirable to assure accountability and to facilitate forward movement in areas where full consensus can not be reached. These issues are elaborated in the attached draft papers on the Conduct of Network Meetings and the WHO-FIC Network and will be discussed by the Planning Committee and Centre Heads in Tunis.

Attachments:

1 Conduct of WHO-FIC Network Meetings
2 The WHO-FIC Network
Conduct of WHO-FIC Network Meetings

Background

The WHO-FIC Network has grown from a relatively informal gathering of Heads of Collaborating Centres comprising 20 or so representatives to an annual meeting of around 100. Centres now extend across all regions of the world, and there is a positive intention to further enlarge the Network. Other country representatives and non-governmental organizations also participate in the Network.

The sole topic used to be the ICD, but the Network now covers a range of classifications, each with its own wider mix of stakeholders.

Those attending Network meetings have varying degrees of familiarity with the Family of Classifications. Even in long established centres, there is substantial turnover of representatives, with the result being a need for ongoing opportunities to learn about the various members of the Family and the strategy and work of the Network.

With these points in mind, the following revised draft Rules of Procedure for plenary meetings of the Network are put forward for adoption at the 2006 Network meeting. The document first was developed in 2004 and was revised in 2005. The current amendments should be seen in the light of experiences from recent Network meetings and developments. The objective is to ensure that the meetings are structured to allow new attendees to learn about the Family of Classifications and the work of the Network and to give all representatives an opportunity to participate fully. The document also is intended to facilitate the organisation of future meetings.

Planning and organization of the annual Network meeting

The annual meeting typically is organized by WHO and a Host Centre, with participation by the WHO-FIC Planning Committee. (See separate paper on the WHO-FIC Network and committee membership.) This document should be available on the WHO-FIC Collaborative Workspace, along with a set of templates (e.g. Word, Excel, Access database), a sample meeting schedule, a guide for session reports by rapporteurs and a model for content /compilation of the overall meeting report.

Requirements for information sharing (use of technology) during the meeting should also be indicated (e.g. the need for paper copies vs. use of e-documents shared using memory sticks /download "station" etc.)

Documentation of the activities of the Network during and in between meetings (e.g., producing meeting minutes) is a major task that is accomplished entirely with resources available within the Network – as a collaborative effort between Collaborating centres and WHO CAT. The documentation process should act to support information sharing, decision-making and transparency within the Network. The outcome should also be easily accessible to the public.

Resourcing the Network meeting

Attendance at the meeting is at the expense of the Collaborating Centres. A fee will be charged to cover the cost of meals during the meeting and other meeting expenses not covered by the
host centre. To the extent possible, the host centre will cover the cost of the venue hire and costs expended in planning and running the meeting.

The host centre is responsible for organizing the social program. This may incur an additional fee to participants.

The Planning Committee will work with WHO to ensure that all Collaborating Centres are able to attend the annual meeting.

**Conduct of Network meeting**

*Accessibility*

During the 2002 WHO-FIC Network meeting, the participants reconfirmed their commitment to include people with disabilities in all phases of WHO-FIC implementation and research. The participants also welcomed accessibility guidelines presented by the North American Collaborating Center (http://www3.who.int/whosis/brisbane/documents/brisbane62.pdf) and agreed to make a good faith effort to implement them at future WHO-FIC meetings. These guidelines include the following:

- Pre-plan with disability advisors to assure that all official meeting facilities and events are accessible to persons with disabilities (e.g., fully accommodate wheelchairs and allow room for them to maneuver in meeting rooms, rest rooms and sleeping rooms; assure availability of elevators as well as escalators and stairs; provide for a bus with a power lift for social events)
- Ask in advance about special needs of prospective participants
- All meeting content should be accessible (e.g., readable by all registrants and read aloud as needed)
- Assure a smoke and chemical-free environment
- Seek funding for sign language, Braille and personal assistants as needed

**Rules of Procedure**

All attendees should be encouraged to participate actively in as much of the Network meeting as possible, including the work of the committees. Such participation will enrich the work of the Network, bring all attendees up to speed quickly and assist in sharing work over as many contributors as possible.

Over time, delegations have grown to support the work of the Network’s committees and reference groups. Several Centres also send delegates from more than one country. Increasingly, the diversity of the Family is seeing Centres including experts in particular classifications in their delegations. Other Centres lack the resources to support large delegations, and must try to cover the wide range of activities with only one or two delegates.

The Network has prided itself on its lack of formality. This is something to be preserved, especially in meetings of committees. But the increasing size and diversity of Network meetings and participants mean some formality is unavoidable if meetings are to draw in all attendees in a meaningful way.

**Education for Attendees**

The wide variety of attendees at Network meetings means there is an opportunity for those with expert knowledge in a particular classification to provide assistance to those with less expertise. The variety of backgrounds for users of these educational opportunities will need to
be kept in mind, as well as the relative lack of common use of English for many. The relative
disadvantage faced by many participants whose native tongue is not English should be taken
into account and compensated for whenever possible.

Besides specific classifications, there is a need to ensure attendees have the opportunity to
become familiar with the Family concept. The Family paper and the protocol for new members
provide good material on which an educational session can be based. This educational session
(Induction session) should be placed at the very beginning of the meeting.

Discussion, information sharing and resolutions

It is inevitable that all discussion will continue to be in English without translation. Given that,
it is important for Chairs to act to ensure that each Centre Head in turn has an opportunity to
comment on a specific matter for discussion. The Centre Head may defer to one other member
of the delegation to provide the contribution.

Once each Centre has had an opportunity to contribute, and depending on the time available,
other delegates may be asked to comment. Specific consideration should be given to attendees
who are not linked to a specific Centre or the WHO.

The Chair should summarise the outcome of the discussion and propose a resolution to the
meeting. When recommendations of the committees and reference groups are presented to the
Network for final approval, each Collaborating Centre will have one vote. 2

The rapporteurs should wherever possible simultaneously project the draft resolution on a
screen so that delegates are clear on the proposed outcome.

To this end a predefined template could be used to aid rapporteurs in their work as well as to
clarify the outcome and further actions (recommendations, resolutions). Amendments can then
be made to the specific text. The result is then immediate availability of the agreed decision
and the report can be incorporated into the meeting report without further editing.

Sessions

Committee and reference group sessions

Committee and reference group Chairs should prepare preliminary agendas and make them
available to the meeting organizers before the meeting to assist in preparation of the overall
meeting schedule.

Committee and reference group agendas should be presented by the Chair. Specific resolutions
should be presented on slides or handouts, if not covered by earlier papers. Each committee or
reference group Chair should consider appointing one main rapporteur for the respective
working sessions during the meeting for continuity in the documentation and report back of
committee business.

All committee and reference group decisions must be brought to the Network (Plenary)
meeting for endorsement and inclusion in the record of the meeting.

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2 This is current practice in plenary sessions of the Network. Collaborating Centres under designation have the
same status in the voting as fully designated Centres.
Plenary sessions

The Planning Committee is responsible for the content and agenda of plenary sessions, including assignment of chairs and rapporteur(s). The English-speaking Collaborating Centres will rotate providing a rapporteur to support the overall meeting rapporteur.

Strategy and Work Plan

The annual process of developing, amending and endorsing the annual Strategy and Workplan is an important part of the Network meeting.

The development of the Strategy and the Work Plan should be undertaken by the Planning Committee, which includes all committee and reference group Chairs.

The Strategy and Work Plan should be presented to the full Network meeting (at the Saturday session) by the Chair and Vice Chair of the Planning Committee, for discussion and endorsement. Editorial re-drafting should be done outside the plenary meeting, with final endorsement of wording by the Planning Committee.

Meeting report

The meeting report should consist of an Executive Summary drafted by the WHO Secretariat, with input from the rapporteurs, and approved by the WHO-FIC Network, a final agenda and list of participants, the updated Strategy and Workplan and any documents for attachment endorsed by the Network meeting in its closing session. Each committee and reference group also will provide a short summary (not to exceed four pages) of the sessions held during the Network meeting for the complete set of meeting report documents. Summaries of plenary sessions will be included in the Executive Summary. All documents will be available on the WHO-FIC website no more than five months after the meeting.

A draft meeting report should be available for review by the delegates at the end of Friday, to be discussed during the Saturday morning session.

Seating

The double horseshoe setting has been used in recent meetings. If possible, this type of seating arrangement should be used.

It is recommended that each Centre have two, and only two, places in the front row of the horseshoe. If space allows, multi-country centres (North America and Nordic) should have three places. Occupancy of the front row places is entirely at the discretion of the Centre Head, and will vary depending on the topic under discussion. Committee and reference group chairs also should be allocated a front row place.

WHO should have a minimum of three front row places for Headquarters and up to six for the six Regional Offices.

Places in the rear row for each Centre and WHO should be immediately behind the respective front row places if space allows.

Papers and presentations

A call for papers is made at least 5 months before the meeting. Abstracts, papers and posters are to be submitted using templates provided by the organizers. This facilitates the collation of the papers and the ability to access the papers on the Internet.

Papers may be submitted
- for information only (background paper)
- for presentation and discussion by one of the committees or work groups
- for presentation and discussion in plenary
- for poster presentation

Collaborating Centres, committee and reference group Chairs should submit a list of the titles of each paper, a document profile on the purpose of the paper and an abstract to the host centre and WHO HQ three (3) months before the meeting. This enables the organizers to start work on developing a draft agenda for the meeting. Tentative session agendas should be made available to the organizers four (4) weeks before the meeting.

Final papers and posters should be submitted four (4) weeks before the meeting.

PowerPoint presentations should be submitted one (1) week before the meeting.

Papers are made available on the meeting website 10 working days prior to the meeting. The address for accessing papers will be notified by the meeting organizers.

September 9, 2006
WHO-FIC Network

Introduction

WHO as proprietor of a range of health classifications holds valuable intellectual property of high value for member states and the international statistical community. The classifications now form a Family of International Classifications (WHO-FIC). Other classifications, not necessarily the property of WHO, may be included in the WHO-FIC as related or derived members. The principles underlying WHO-FIC are similar to those supporting the UN Family of Classifications, and the reference classifications within WHO-FIC (ICD and ICF) form part of the UN Family. A WHO-FIC strategy and work plan are in place.

Over the period since 1970, WHO has designated a number of collaborating centres to work with it in the development, maintenance and use of health classifications. The collaborating centres meet annually.

Increasingly the centres and the WHO are progressing their work through committees and reference groups, which conduct their business both during and outside the annual meetings of collaborating centres. These committees report to the annual meeting, where official actions are taken by the Network regarding their work.

WHO and the collaborating centres now recognise that the interactions are best characterised as a collaborative network (WHO-FIC Network).

This paper describes the characteristics of the WHO-FIC Network including its:

- membership
- purpose
- governance
- committee structure

Membership of the WHO-FIC Network

The WHO-FIC Network includes all designated WHO-FIC collaborating centres, all Collaborating Centres under designation, the responsible area of WHO Headquarters and all Regional Offices. Each collaborating centre nominates a centre head acceptable to WHO.

WHO has sought to include a wide range of capacities within the collaborating centre network. Although the centres have generic terms of reference, they represent different geographic regions, and many centres specialise in a key language. Inevitably, as the spread of collaborating centres has grown, there has been an increasing disparity in the skills and resources across the network and recognition that mutual support among members is essential.

A premise of this paper is that the spread of collaborating centres must continue to grow, in particular in the AFRO, SEARO and EMRO regions. WHO Regional offices can assist in
representing the interests of regions where collaborating centres currently do not exist and should contribute to establishing new centres as needed. Potential centres do not need to be expert in all aspects of WHO-FIC at the outset, and specific development plans may need to accompany their accession to collaborating centre status. Provision of necessary skills to assist this development needs to be a specific responsibility of the Network.

Countries not affiliated at present with a Collaborating Centre may participate in the Network, including its meetings and committees/reference groups and seek support from the Network through designated representatives. Non-governmental organizations in official relations with WHO and other national or international organizations with responsibilities directly related to the WHO Family of International Classifications also may participate in the Network at the discretion of WHO and the WHO-FIC Planning Committee. In this sense, the WHO-FIC Network is a collaborative structure of WHO Collaborating Centres, representatives of WHO Member States, non-governmental organizations and other health information related bodies and networks. Assumption of leadership positions in the Network by representatives of countries or organizations not affiliated with a Collaborating Centre will be reviewed by WHO and the Planning Committee.

**Purpose of the Network**

The Mission Statement of the WHO-FIC Network is to develop, disseminate, implement and update the WHO-FIC to support national and international health information systems, statistics and evidence. In fulfilling this mission, the Network has these broad purposes:

- To promote the development of WHO-FIC, so that high quality classifications are available for all relevant sectors of the health system, and that gaps are filled according to priorities agreed within the Network.
- To assist the timely and appropriate use of WHO-FIC classifications across member states by ensuring, in conjunction with the relevant Regional Office, that classifications are actively disseminated, implementation tools are available and that necessary education arrangements are developed and delivered.
- To ensure that WHO-FIC member classifications are updated as required and that the need for a major revision of WHO-FIC members is identified and appropriately addressed.

**Governance of the Network**

The Network is governed through the annual meeting of collaborating centres with WHO headquarters and regional offices.

The annual meeting shall be co-chaired by the head of the collaborating centre who is hosting the meeting and the Chair of the Planning Committee.

Major decisions may need to be referred to WHO governing structures for endorsement. Where a decision needs the involvement and/or consent of another WHO area, the WHO Network member will seek the necessary agreement in a timely fashion.

Between annual meetings, the Network's Planning Committee will act as an Executive group, but will refer any major matter to all members of the Network for endorsement.

**Committee Structure of the Network**

The WHO-FIC Network has established six committees. The number and roles of committees will be reviewed from time to time. The aim will be to restrict the number of committees to a minimum. The annual meeting may establish time limited working groups to carry out a specific task, and these will generally be placed within one of the established committees.
To augment the formal committee structure, to provide forums for more technical discussions and to facilitate participation by a wider range of experts and interested parties, the Network also has reference groups, currently four in number. The work of these groups will be regularly reviewed to ensure there is value for effort, and that the links between the groups and committees are working appropriately.

Figure 1 illustrates the relations between the committees, reference groups and the WHO Secretariat.

Insert diagram

The Planning Committee will conduct the business of the Network between annual meetings. The Planning Committee will develop an annual Strategy and Workplan for the Network, which will be presented to the full Network at the annual meeting. It will monitor and follow-up on progress of the work program and the Business Plan for the classifications. It also will plan the annual meeting with an Annual Meeting Group and will establish and revise, as needed, procedures for the conduct of annual meetings of the Network.

The Planning Committee comprises an elected Chair, the Chairs of the WHO-FIC Network committees and reference groups and the heads of centre responsible for the most recent annual meeting, the next annual meeting and the following annual meeting. The latter three Centre Heads compose the Annual Meeting Group. In addition, WHO headquarters will be a member of the Planning Committee and the Annual Meeting Group.

The Chair of the Planning Committee shall be elected by the WHO-FIC Network at an annual meeting of the Network for a term of two years. The Chair will assume the office at the conclusion of the annual meeting at which he/she is elected. A Vice-Chair may also be elected on the same basis as the Chair.

The remaining committees each take responsibility for progressing a broad area of the work program of the Network. Reference Groups address specific areas of classification (e.g., mortality, morbidity, functioning and disability and terminology.) Any member of the Network may participate in these committees and reference groups, which will elect their respective chairperson. The results of the election are submitted to the WHO Secretariat and Planning Committee for confirmation.

The annual meeting will seek to ensure sufficient participation in each committee and reference group to enable it to conduct its assigned work program. The committees and reference groups also will recruit participants from outside the WHO-FIC Network, working with country officials and non-governmental organizations (NGO’s) to identify the appropriate representatives, to assure broad input from stakeholders. This should be done in consultation with WHO and the Centre Heads. Through the same process, experts can be invited to participate in a committee or reference group to address specific projects. A possible conflict of interest related to a commercial product is a reason for exclusion from membership.

The committees and reference groups will work through technology, such as e-mail and the WHO Share Point website, will convene at least once a year, and use telephone conferences as needed.
To the extent possible, decisions will be reached by consensus. All participants will have the opportunity to express their views. Voting will be used as a way to gather information on the differing positions of the participants rather than as controlling. Generally, when voting takes place in a committee or reference group, each country, organization and regional office will have one vote. The committees and reference groups will report their decisions and recommendations to the WHO-FIC Network and any other appropriate committee or reference group at the annual Network meeting. In making recommendations to other committees or the Network, the Chairs should clarify the process used to reach a decision and any diversity of views. At the Network level, where recommendations of the committees and reference groups are presented for final approval, each Collaborating Centre will have one vote.3

Decisions that are endorsed by the relevant committee, the Centre Heads and WHO should be available from the WHO-FIC home page.

The **Education Committee (EC)** focuses on standardised training and educational activities for users of the classifications, including development of core curricula. The EC encourages the development and implementation of best educational practices to ensure comparable data within and among WHO Member States and provides a network for sharing expertise and experience on ICD and ICF education. A Joint Collaboration has been formed with the International Federation of Health Records Organizations to develop an international training and certification program for ICD-10 mortality and morbidity coders.

The **Electronic Tools Committee (ETC)** determines the need for electronic availability of WHO-FIC classifications and develops policies on the deployment and application of electronic tools for the WHO-FIC. The Committee aims to ensure available tools can be, and are, shared across users and disseminates such tools with due attention to the specific needs of Member States.

The **Family Development Committee (FDC)** aims to ensure that the WHO-FIC has a logical structure so that the classifications needed for each component and setting within the health system can be identified. The Committee identifies and prioritises gaps in the WHO-FIC. It sets criteria for and assesses potential new member classifications against these criteria. As necessary, the Committee will work with proprietors of classifications that could fill a gap in the WHO-FIC, and will recommend appropriate relationships between WHO and the proprietor. The Committee may also recommend strategies for revision of WHO-FIC classifications, but the revision itself would be undertaken within the Update and Revision Committee or through a specific purpose group.

The **Implementation Committee (IC)** encourages the adoption and use of WHO-FIC classifications within WHO and member states, with a principal focus on the reference classifications. The Committee tracks, promotes and supports implementation of the WHO-FIC in health information systems internationally. This Committee is assisting WHO in the compilation of guidelines, educational materials, tools and strategies useful to countries introducing members of the Family.

The **Update and Revision Committee (URC)** assesses the need for updating of WHO-FIC classifications and develops detailed proposals for annual meetings. It fosters reference groups for specific areas of interest and addresses issues brought forward by reference groups.

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3 This is current practice in plenary sessions of the Network. Collaborating Centres under designation have the same status in the voting as fully designated Centres. An alternative would be to give each country and organization a vote.
Committee may identify where major revision is required and how such a revision could be undertaken. Once a revision is approved by the Network, the Committee may undertake, direct or oversee the revision work.

The Mortality Reference Group (MRG) aims at improving international comparability of mortality data. To this end, the MRG identifies and solves problems related to the interpretation and application of ICD-10 to mortality, supports the development of internationally applicable software for mortality coding and classification, and addresses issues of analysis and assessment of mortality statistics. The MRG makes annual recommendations to the URC.

The Morbidity Reference Group (MbRG) identifies, discusses and solves problems related to interpreting and applying ICD-10 to morbidity coding and classification, through the development of agreed upon coding rules and guidelines. MbRG makes annual recommendations to the URC.

The Functioning and Disability Reference Group (FDRG) advises the WHO-FIC Network on functioning, disability and health classification and coding issues. The chief aim is to improve the quality and comparability of national and international data that describes functioning, disability and health by enhancing the appropriate use of the ICF.

The Terminology Reference Group (TRG) follows terminological developments and promotes awareness of the need to ensure and verify congruence between concepts underlying clinical terminologies and the WHO classifications.

See WHO-FIC Collaborative Workspace for the Terms of Reference of the committees and reference groups.

September 26, 2006